

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires:
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hours per response. 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | Person 181 |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | U ULOENOV O 6 2005 |
| A. BASIC IDENTIFICATION DATA | 12/ |
| Enter the information requested about the issuer | 18 212 MM |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | SEC |
| Atlantic ACQ1 Incorporated | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 5348 Vegas Drive #772, Las Vegas, NV 89108 | Telephone Number (Including Area Code) +1 (845) 314-9375 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| The company is a business development company with opportunities in the US, | Africa and the EU. PROCESS |
| Type of Business Organization Corporation Imited partnership, already formed other (p | olease specify): NOV 2 0 2000 |
| Month Year Actual or Estimated Date of Incorporation or Organization: [O]3 O]5 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | nated FINANCIAL |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 27d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering | • |
| and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street, N.W., Washington, D.C. 20. | 549. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures. | y signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: | |
| This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall The Appendix to the notice constitutes a part of |
| ATTENTION — | |
| Failure to life notice in the appropriate states will not result in a loss of the lederal exappropriate federal notice will not result in a loss of an available state exemption unferling of a federal notice. | |

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Director General and/or Promoter ☐ Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Amanda Walls Business or Residence Address (Number and Street, City, State, Zip Code) 5228 Kel Dawn Circle, Cross Lanes, WV 25313 Check Box(cs) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

| The Atlanta and Atlanta | | | 100° WEE | | NFORMATI | <u> </u> | | | . ,1 | | Yes | No |
|---|--|------------------------------|--|---|---|---|--|---|---------------------------------------|---|----------------------|----------------------|
| . Has the issuer sold, or does the issuer inlend to sell, to non-accredited investors in this offering? | | | | | | | | | X | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | 6 100 | | |
| 2. What is | the minim | um invēstr | icht that w | un be acce | ptea from a | my individ | uai? | ····· | | *************************************** | \$_100 Yes | No |
| 3. Does th | e offering | permit join | t ownershi | p of a sing | le unit? | *********** | * | | | | | |
| commis If a pers or states | sion or sim son to be lis s, list the na | ilar remune ted is an ass | ration for s sociated pe roker or de | olicitation rson or age aler. If mo | of purchase int of a brok ore than five | ers in conne er or deale e (5) persor | ection with r registered as to be list | sales of sec I with the S ed are asso | curities in t SEC and/or | irectly, any he offering, with a state ons of such | | |
| ull Name (| Last name | first, if indi | vidual) | 777 . | | | - | | | | | |
| Business or | Residence | Address (N | umber and | Street Ci | ty State 7 | in Code) | | * | | | | |
| Justifess of | Residence | 71001033 (14 | umber and | i oneci, ci | ity, State, 2 | ip Couc, | | | | | | |
| Name of Ass | sociated Br | oker or Dea | aler | | | | | | <u></u> | | | |
| States in Wh | nich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | ··· | | | |
| (Check | "All State | s" or check | individual | States) | | *************************************** | *************************************** | | | | AI | l States |
| AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OII WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |
| Full Name (| Last name | first, if ind | ividual) | 3 -3. | | | | | | | | |
| Business or | r Residence | Address (1 | Number an | d Street, C | City, State, 2 | Zip Code) | | | | | | |
| Name of As | sociated B | roker or De | aler | | | | | , , , , , , , , , , , , , , , , , , , | | | | |
| States in Wi | hich Persor | Listed Has | s Solicited | or Intends | to Solicit | Purchasers | • | | - | | - | |
| (Check | "All State | s" or check | individual | l States) | | | | | | | □ VI | States |
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| Full Name (| Last name | first, if ind | ividual) | | | | · | | _ | | - | |
| Business or | r Residence | Address (1 | Number an | id Street, C | City, State, | Zip Code) | | | | | | |
| Name of As | sociated B | roker or De | aler | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| States in W | hich Person | a Listed Ha | s Solicited | or Intende | to Solicit | Purchasers | - | | | | | |
| | | s" or check | | | | | | | | | [] Al | l States |
| AL IL MT | AK IN NE SC | AZ IA NV | AR KS NH | CA KY NJ | CO LA NM | CT ME NY | MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR WY | MO PA |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt 1,000,000 50 Equity X Common ☐ Preferred 0 0 ______**5** Other (Specify _ sõ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors 0 § 0 Accredited Investors s 0 0 Non-accredited Investors 0 s 0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold 0 **\$**0 Rule 505 O ςO Regulation A ٥Ō n Rule 504 0 \$ 0.00 Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. _{\$} 1,200 Transfer Agent's Fees Printing and Engraving Costs \$ 1,000 Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)

Total

Other Expenses (identify)

4,700

| | b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer." | | gross | s 995,300 |
|-----|--|--|--|--|
| 5. | Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P | any purpose is not known, furnish an estimate of the payments listed must equal the adjusted | e and | |
| | Salaries and fees | | Payments to Officers, Directors, & Affiliates | Payments to Others \$\sqrt{50,000}\$ |
| | Purchase of real estate | | | - 전 • _ 区 \$_0 |
| | Purchase, rental or leasing and installation of n | nachinery | _ | ភ្លា \$ 100,000 |
| | Construction or leasing of plant buildings and t | acilities | x s 0 | ★ \$ 50,000 |
| | Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger) | ssets or securities of another | x1\$_0 | <u></u> |
| | Repayment of indebtedness | | | S 50,000 |
| | Working capital | | | \$ 495,300 |
| | Other (specify): | | \$ <u></u> 0 | \$ 0 |
| | | | x \$ 0 | ⋈ \$ 0 |
| | Column Totals | | s_50,000 | <u>\$ 945,300</u> |
| | Total Payments Listed (column totals added) | | | 95,300 |
| | | D. FEDERAL SIGNATURE | | |
| sig | e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non-a | furnish to the U.S. Securities and Exchange Co | mmission, upon writt | ule 505, the following en request of its staff, |
| | uer (Print or Type) tlantic ACQ1, Inc. | Signature Jalls | Date Octobe | r 5, 2006 |
| | me of Signer (Print or Type) manda Walls | Title of Signer (Print or Type) President | | |

C: OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

--- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| I. | I. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | | | | | | | |
|------------------------------|--|--|------------------------|-----------|-------------|--|--|--|
| | See A | ppendix, Column 5, for state response. | | | | | | |
| 2, | The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required | | vhich this notice is f | iled a no | tice on For | | | |
| 3. | The undersigned issuer hereby undertakes to fissuer to offerees. | urnish to the state administrators, upon writte | en request, informat | ion furn | ished by th | | | |
| 4, | The undersigned issuer represents that the issu- limited Offering Exemption (ULOE) of the sta- of this exemption has the burden of establishin | | | | | | | |
| | • | : | 1 | | | | | |
| | per has read this notification and knows the content thorized person. | ts to be true and has duly caused this actice to b | oe signed on its beha | If by the | undersigne | | | |
| duly au | uer has read this notification and knows the conten | ts to be true and has duly caused this notice to b | e signed on its beha | If by the | undersigne | | | |
| duly au | er has read this notification and knows the content thorized person. | | | <u></u> | | | | |
| duly au Issuer (Atlar | per has read this notification and knows the content thorized person. Print or Type) | Stangette : De M. | Date | <u></u> | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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| 1 | Intend to non-a investor | 2 to sell accredited s in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Number of Number of Non-Accredited | | | | No |
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| 1 | Intend to sell to non-accredited investors in State | | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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